



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING SERVICES

PO BOX 807

TRENTON, N.J. 08625-0807

[www.nj.gov/humanservices](http://www.nj.gov/humanservices)

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ, ESQ.  
*Commissioner*

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

**Re: PACE (Program for All-inclusive Care for the Elderly)**

Please be advised that, after assessing your eligibility for the program named above, it has been determined that you do not or no longer meet clinical eligibility for nursing facility level of care.

If you wish to exercise your right to appeal this decision you or someone authorized by you to act on your behalf, may submit a request for an appeal hearing to:

New Jersey Department of Human Services  
Office of Legal and Regulatory Affairs  
Division of Medical Assistance and Health Services  
Fair Hearing Unit  
PO Box 712  
Trenton, NJ 08625-0712  
609-588-2655

All requests for an appeal hearing must be received within twenty (20) days from the date of this letter. Please be advised that you may represent yourself, obtain legal counsel or authorize a friend, relative or other spokesperson to represent you at the appeal hearing.

Sincerely,

\_\_\_\_\_  
Name of Community Choice Counselor

\_\_\_\_\_  
Signature of Community Choice Counselor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **YOUR APPEAL RIGHTS**

Concerning your appeal hearing, you have the right to:

- Present your own case or have a friend, relative or an attorney represent you.
- Submit any evidence or bring any witnesses that bear evidence on your case.
- Examine records or case files including the application form. You may also examine the case record in advance except for those records that are protected from release and which may not be introduced by the Department of Human Services as evidence.
- Review a complete and up-to-date copy of PACE regulation N.J.A.C. 8:43A-33.3.
- If you are requesting an appeal hearing for benefits you are already receiving you may choose to continue to receive benefits during the appeal hearing process. However, please understand that **if the hearing decision is not in your favor you may be required to repay any benefits you were not entitled to receive.**

Additionally, you have the right to request another assessment to determine your clinical eligibility if you experience a change in your condition or circumstances.

You have the right to be represented by legal counsel at the appeal hearing. The following is information about obtaining legal counsel, should you choose to do so:

- There are legal services organizations that provide free legal counsel to individuals who cannot afford to pay privately.
- Legal Services of New Jersey (LSNJ) provides free legal information, advice and/or representation for low-income individuals who qualify for their services. For more information about the LSNJ Health Care Access Project or their local legal services offices, contact the LSNJ toll-free legal hotline at 1-888-576-5529.

Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the grounds of race, color, national origin, age, sexual orientation, or handicap in the administration of a program for which federal funds are received.